MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-037955

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9096 STATE FILE NUMBER

FILED SEP 27 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
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BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo
Length of stay in 1b: 30yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3111A Thomas St
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JAMES Middle ALFRED Last RANSOM

4. DATE OF DEATH: Month Sept. Day 8 Year 1963

5. SEX: Male

6. COLOR OR RACE: Col

7. Married ☐ Never Married ☐ Widowed ☐ Divorced X

8. DATE OF BIRTH: 2-18-1933

9. AGE (last birthday): 30
IF UNDER 1 YEAR / IF UNDER 24 HR — Months 6 Days 20 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: John Ransom

13b. MOTHER'S MAIDEN NAME: Martha McKnight

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of serv: Korean

16. SOCIAL SECURITY NO.

17. INFORMANT: Martha Ransom Address: 3111A Thomas St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound resulting in a fractured skull;
DUE TO (b): suffered when shot with gun in hands of one Hyman Feigenbaum while attempting robbery in store at 3501 Cass Ave.,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c): about 4:35 P.M, September 7th, 1963. Justifiable Homicide

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 981X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE X

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): See Above

20c. TIME OF INJURY Hour: 4:35 a.m. p.m. Month, Day, Year: 9-7-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Store

20f. CITY, TOWN, OR LOCATION COUNTY STATE: St. Louis, Mo.

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Helen L. Taylor, Coroner

22b. ADDRESS: 1300 Clark Ave

22c. DATE SIGNED: 9-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-13-63

23c. NAME OF CEMETERY OR CREMATORY: National

23d. LOCATION (City, town, or county) (State): Jefferso Brks, Mo

24. FUNERAL DIRECTOR ADDRESS: JAS H. RANDLE & SON 3133 Bell Ave

25. DATE RECD. BY LOCAL REG.: SEP 10 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Esther V. Harris

Licensed Embalmer No: 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.